SATISFACTION SURVEY FOR PRIOR AUTHORIZED SERVICES

ection I: identifying information			
Recipient Name:	PA#	Date:	
Person Contacted:		Relationship to Recipient:	
ection II: Extended Home Health		のでは、「大きなないできる。」 「大きなないないです。」 「大きなないないです。」 「大きなないないない。」 「おきなないない」 「おきないない」 「おきないない」 「おきないない」 「おきないない こうしゅうしゅう しゅうしゅう	
Authorized Units:	nits:		
Status of Nurse in the Home			
Is your child approved to receive Extended Home Health services?	services?	Yes	
[1	lf yes, continue wi	(If yes, continue with the following questions. If no, go to Section III)	
Do you currently have a nurse in the home working with your child?	your child?	Yes No (Send email to Monitor)	
(If y	es, continue with	(If yes, continue with the following questions. If no, skip to quesiton #10)	
Did (Provid	der's Name from P	(Provider's Name from PA-14) place the nurse in your home?	
What is the nurse's schedule?	am/pm_to	am/pm	
How many days of the week is the nurse in your home?		days	
Has the nurse missed any time in the last 2 weeks?	Yes No	(Send email to Monitor only if no good cause for absence)	
If yes, how much time was missed? hours			
If yes did the nurse make up the time they missed	Yes No	(Send email to Monitor)	
Calculate bi-weekly hours using questions 4-6:	hours		
If a nurse doesn't show up, do you contact the agency?	Yes	No	
Do you request a back-up nurse?	Yes	No	
Does the agency send a back-up nurse?	Yes	No (Send email to Monitor)	
Are the services being received as authorized above?	Yes	No (Send email to Monitor)	
Are you satisfied with your current provider?	Yes	No (Send email to Monitor)	
a. If no, do you need assistance with switching providers?	ers? Yes	No (Do not send email as indicated above if assistance is declined)	
. Documentation for referral to Monitor			
1 When was the last day you received service?		(mm/dd/yyyy)	
	change you reques	sted? Yes No (Send email to Monitor)	
3 If you are not receiving the service as scheduled, and you yes No (Send email to Monitor)	u did not request t	If you are not receiving the service as scheduled, and you did not request this change, have you contacted the agency to discuss this issue? Yes No (Send email to Monitor)	
What was the agency's response? (document response below)	below)		
Resolution			
Date email sent to Monitor:(mm/dd/γγγγ))		
Date Entered on S-Drive: \(\text{mm/dd/yyyy}\) Date entered on Paragraph 9 and 10: \(\text{mm/c}\)	/yyyy) (mm/dd/yyyy)		
ignature of Staff Member Completing Survey:	<i>:</i> :		

SATISFACTION SURVEY FOR PRIOR AUTHORIZED SERVICES

PA# Relationship to Recipient:	Person Contacted:	Recipient Name:	
	Relationship to Recipient:		

Statis of Worker in the Home: Syour child approved to receive Personal Care services: Byour child approved to receive Personal Care services: Off yes, continue with the following questions: If no, stop here)	S				Ü		T =	بر (،	ш	00		ᆢ	Н	9	Г	00	ı —		7	6	(A	1				4	w		72		ㅂ	ъ		ĹΩ
Units: Hours Ves No (If yes, continue with the following questions. If no, stop here) your child? Ves No (Send email to Monitor) s, continue with the following questions. If no, skip to quesiton #11) r's Name from PA-14) place the worker in your home? th? eating Yes No medical appts Yes No household tasks Yes No //pm to am/pm days Yes No (Send email to Monitor) O Yes No (Send email to Monitor) Yes No (Send email to Monitor) O Yes No (Send email to	ignature of Staff Member Completi	Date entered on Paragraph 9 and 10:			I	What was the agency's response? (documen	Yes No (Send email to Monitor)	3 If services are not being received as schedule	12 When was the last day you received service?	B. Documentation for referral to Monitor		1 Are you satisfied with your current provider?	0 Are the services being received as authorized		Do you request a back-up worker		Calculate bi-weekly hours using hours using	If yes, how much time was missed?	Has the worker missed any time in the last 2		1		20			- 1			- 1			A. Status of Worker in the Home		Section II: Personal Care Services
eclined)	ng Survey:	(mm/dd/yyyy)	mm/dd/yyyy)	nm/dd/yyyy)		rt response below)	iled, and you did not reques	ed, is this a change you requ						Yes			questions 4-6:	urs	Yes	your home?	ı	No	No	No	No	assistance with?	(Provider's Name fron	(If yes, continue wi	working with your child?	(If yes, contin	ire services?		Authorized Units:	
eclined)							st this change, nave you con	uested?			No (Do not send er	No (Send email to N	No (Send email to N	No (Send email to N	No	No	hours			days	am/pm	medical appts	household tasks	meal prep	eating		n PA-14) place the worker is	ith the following questions.		ue with the following quesi				
eclined)							tacted the agency to discus	Yes No (Send email to			mail as indicated above if a	Monitor)	Vionitor)	Monitor)					r only if no good cause for								n your home?	If no, ski						
							ss this issue?	o Monitor)			ssistance is declined)								absence)	:						-		1)	Monitor)				Days	

Satisfaction Survey of Prior Authorized Services

Rec	ipier	_ Date:										
Pers	Person Contacted: Relationship:											
		App	roved H	ours		Days of Service						
				Sect	tion I: Extended H	ome Health						
1		Is your child	d approved t	o receive E	xtended Home Hea	olth services?	Yes	No				
		((If yes, conti	nue with th	he following questi	ons. If no, go to next section	n.)					
2	а	When was t										
	b	What time	was the wor	ker in your	home?							
	С	Was the sea	rvice provide	d in your h	ome at the time yo	ou requested?	Yes	No				
	þ	Are the sen	vices being re	eceived as	scheduled?		Yes	No				
	e											
		If services a	Yes	No								
	f											
		If you are n										
		change, hav	Yes	No								
	g		he agency's i		-							
	ľ		_									
		1										
3	а	If a worker	doesn't shov	up, do yo	u contact the agen	cy?	Yes	No				
	b	Does the ag	Yes	No								
			Approv	ed Hour	rs	Days of Service						
		<u>-</u>			tion II: Personal Ca	•	<u> </u>					
1		Is your child	approved to		ersonal Care Servic		Yes	No				
		10 1000 0000				estions. If no, stop here.)						
2	а	When was t			d the service?							
	b	+	was the worl									
	С	•			ome at the time yo	u requested?	Yes	No				
	d	1	-	•	ed? Assistance wit			`				
		 	bathing	Yes	No	eating	Yes	No				
			dressing	Yes	No	meal prep	Yes	No				
		I -	grooming	Yes	No	household tas	<u> </u>	No				
		I -	toileting	Yes	No	medical appts	 	No				
	е	Are the serv				, Chara	Yes	No				
	f		<u> </u>					-				
		If services a	re not being	received as	s scheduled, is this	a change you requested?	Yes	No				
	g					=	1					
	•	If you are no	ot receiving t	he service	as scheduled, and	you did not request this						
		change, hav	Yes	No								
	h	!	he agency's i	_								
					l	-	J					
3	a	If a worker	doesn't show	up, do voi	u contact the agend	:v?	Yes	No				
-		Does the ag	•			- 1 -	Voc	No				